SHADY LANE NURSING CARE CENTER

Total Licensed Bed Capacity (12/31/00):

1235 SOUTH 24TH STREET

MANI TOWOC Phone: (920) 682-8254 Ownershi p: Nonprofit Church-Related 54220 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 168 Title 18 (Medicare) Certified? Yes

168

Number of Residents on 12/31/00: 162

Average Daily Census:

162

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 8	
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 5	More Than 4 Years	22. 2	
Day Services	No	Mental Illness (Org./Psy)	43. 2	65 - 74	8. 0			
Respite Care	Yes	Mental Illness (Other)	0.6	75 - 84	33. 3	1	100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45. 1	***************	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & 0ver	11. 1	Full-Time Equivalen	t	
Congregate Meals No Cancer		Cancer	3. 1		Nursing Staff per 100 Re	Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2. 5		100. 0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	22. 2	65 & 0ver	97. 5			
Transportation	No	Cerebrovascul ar	7.4			RNs	10. 3	
Referral Service	No	Diabetes	2. 5	Sex	%	LPNs	4. 6	
Other Services	Other Services No Respiratory		3. 7			Nursing Assistants		
Provi de Day Programming for		Other Medical Conditions	14. 2	Male	24. 7	Aides & Orderlies	30. 6	
Mentally Ill	No			Femal e	75. 3	1		
Provi de Day Programming for			100.0			1		
Developmentally Disabled	No		and also de de de de de de		100. 0		ale de de de de de de d	

Method of Reimbursement

		Medi	care		Medi c	ai d											
	(Title 18)		((Title 19)			Other P		Pı	Private Pay			Managed Care			Percent	
			Per Die	em		Per Die	m		Per Die	em		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	5	100. 0	\$246. 84	1	1. 0	\$113. 85	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	6	3. 7%
Skilled Care	0	0. 0	\$0.00	79	76. 7	\$96. 57	0	0.0	\$0.00	50	92. 6	\$125.00	0	0.0	\$0.00	129	79.6%
Intermediate				23	22.3	\$79. 28	0	0.0	\$0.00	4	7. 4	\$125.00	0	0. 0	\$0.00	27	16. 7%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	5	100. 0		103	100. 0		0	0. 0		54	100.0		0	0. 0		162	100.0%

County: Mani towoc
SHADY LANE NURSING CARE CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services	, and Activities as of 1	2/31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	13.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1. 2		64. 2	34. 6	162
Other Nursing Homes	1.9	Dressi ng	11. 1		76. 5	12. 3	162
Acute Care Hospitals	76. 1	Transferri ng	30. 2		53. 7	16. 0	162
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 0		58. 0	21. 0	162
Rehabilitation Hospitals	0.0	Eati ng	43.8		43. 8	12. 3	162
Other Locations	8. 2	**************	**********	*****	******	********	*********
Total Number of Admissions	159	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Exter	nal Catheter	5.6	Recei vi ng	Respi ratory Care	1. 9
Private Home/No Home Health	31.9	0cc/Freq. Incontine	nt of Bladder	58. 0	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontine	nt of Bowel	37. 7	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	1. 2				Recei vi ng	Ostomy Care	2. 5
Acute Care Hospitals	12. 9	Mobility			Recei vi ng	Tube Feedi ng	1. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	4. 9	Recei vi ng	Mechanically Altered Die	ts 38.3
Rehabilitation Hospitals	0.0						
Other Locations	8.6	Skin Care			Other Reside	nt Characteristics	
Deaths	45.4	With Pressure Sores		8.0	Have Advan	ce Directives	32. 7
Total Number of Discharges		With Rashes		6. 2	Medi cati ons		
(Including Deaths)	163				Recei vi ng	Psychoactive Drugs	53. 7
***********	*****	*******	******	*****	*****	********	*****

	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Non	profit	100-199 Peer Group		Ski l	lled	Al l	
	Facility	Peer	Group			Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 4	92.8	1.04	86. 4	1. 12	87. 0	1. 11	84. 5	1.14
Current Residents from In-County	97. 5	73. 6	1. 33	79.8	1. 22	69. 3	1.41	77. 5	1. 26
Admissions from In-County, Still Residing	35. 2	26. 8	1. 31	23.8	1. 48	22. 3	1. 58	21.5	1.64
Admissions/Average Daily Census	98. 1	86. 5	1. 14	109. 7	0.89	104. 1	0.94	124. 3	0. 79
Discharges/Average Daily Census	100. 6	83. 8	1. 20	112. 2	0. 90	105. 4	0. 95	126. 1	0.80
Discharges To Private Residence/Average Daily Census	32. 1	28. 3	1. 14	40. 9	0. 78	37. 2	0.86	49. 9	0.64
Residents Receiving Skilled Care	83. 3	89. 0	0.94	90. 3	0. 92	87. 6	0. 95	83. 3	1.00
Residents Aged 65 and Older	97. 5	97. 3	1.00	93. 9	1.04	93. 4	1.04	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	63. 6	67. 3	0. 94	68. 7	0. 93	70. 7	0. 90	69. 0	0. 92
Private Pay Funded Residents	33. 3	27. 1	1. 23	23. 2	1.44	22. 1	1.51	22.6	1.48
Developmentally Disabled Residents	0. 0	0.4	0.00	0.8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	43. 8	32. 8	1.34	37. 6	1. 17	37. 4	1. 17	33. 3	1. 31
General Medical Service Residents	14. 2	22. 4	0.63	22. 2	0.64	21. 1	0.67	18. 4	0.77
Impaired ADL (Mean)	49. 0	49. 0	1.00	49. 5	0. 99	47. 0	1.04	49. 4	0. 99
Psychological Problems	53. 7	46. 3	1. 16	47. 0	1. 14	49. 6	1.08	50. 1	1.07
Nursing Care Required (Mean)	7. 3	7. 6	0. 96	7. 2	1.01	7. 0	1.03	7. 2	1. 01